

Exhibit E

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 CHARLESTON DIVISION
4 -----)
5 IN RE: ETHICON, INC., PELVIC)
6 REPAIR SYSTEM PRODUCTS) Master File No.:
7 LIABILITY LITIGATION) 2:12-MD-02327
8 -----)
9 THIS DOCUMENT RELATES TO THE) MDL-2327
10 FOLLOWING CASES IN WAVE 1 OF)
11 MDL 200:)
12 DIANE KROPF)
13 (Case No. 2:12-cv-01202),)
14 Judy Williams) JOSEPH R. GOODWIN
15 (Case No. 2:12-cv-00657),) U.S. DISTRICT JUDGE
16 Myra Byrd)
17 (Case No. 2:12-cv-00748),)
18 Angela Coleman)
19 (Case No. 2:12-cv-01267),)
20 Susan Thamen (Reeves))
21 (Case No. 2:12-cv-00279),)
22 Donna Zoltowski)
23 (Case No. 2:12-cv-00811),)
24 Plaintiffs,)
 vs.)
 ETHICON, INC., ET AL.,)
 Defendants.)
 -----)

19 DEPOSITION UPON ORAL EXAMINATION
20
21 OF JOSEPH M. CARBONE, M.D.
22
23 TVT
24
 Danville, Virginia
 Thursday, March 17, 2016, 5:45 p.m.
 Reported by: Bobbi J. Case, RPR, CCR

1 it the TVT Retropubic. He invented the technique.

2 They called it the TVT Retropubic. That's kind of why

3 I say that way.

4 Q. I think you're right.

5 Did he invent the mesh used in the

6 TVT Retropubic?

7 A. I know he researched the mesh, but I don't

8 know if he invented it.

9 MR. ROSENBLATT: Object to scope.

10 BY MR. JONES:

11 Q. Do you know who Christian Falconer is?

12 MR. JONES: By the way, he cites all this

13 stuff in his TVT report, Paul, but that's fine. Your

14 objection is noted.

15 BY MR. JONES:

16 Q. Do you know who Christian Falconer is?

17 A. No.

18 Q. Have you had any disciplinary issues with any

19 medical licensing board whatsoever over the course of

20 your medical career?

21 A. If by that you mean there have been

22 complaints that have been investigated and dismissed,

23 yes.

24 Q. I've got to follow up.

1 Q. Have you ever assisted a medical device
2 company in drafting an IFU?

3 A. No.

4 Q. Do you have any patents on any medical
5 devices?

6 A. No.

7 Q. Have you ever helped a medical device company
8 design a mesh product intended to treat stress urinary
9 incontinence?

10 A. Are we speaking about Ethicon or any --

11 Q. Ethicon.

12 A. No.

13 Q. Ethicon's never asked you to help them design
14 a mesh product for the treatment of stress urinary
15 incontinence?

16 A. No.

17 Q. Do you agree that Ethicon did not design the
18 TVT mesh to fray?

19 A. You put a negative in there. I apologize.

20 Q. Do you agree that Ethicon did not design the
21 TVT mesh to fray when used properly?

22 A. Designed the TVT mesh to not fray?

23 MR. JONES: Can you please read back the
24 question for the doctor?

1 A. I've asked my office manager to look up the
2 ICD-9 codes for erosion of the mesh for the vagina, and
3 she was able to provide for me several years of
4 ICD-9 -- well, ICD-9 and ICD-10 codes now, and that's
5 how I was able to come up with the number of
6 complications that I quoted.

7 Q. And based on these complication codes or CPT
8 or -- what was the --

9 A. ICD-9 and ICD-10 coding.

10 Q. Based on that coding, what were you able to
11 determine, based on the data available, was your
12 complication rate for mesh erosions?

13 A. I would say my complication rate was a little
14 lower than the reported complication rate in the
15 medical literature, the randomize control trial, the
16 analysis.

17 Q. And would be this be for the TVT products?

18 A. For the TVT products and also for some of the
19 Prolene -- sorry, the Prolift product and Prosima.

20 Q. Okay.

21 A. I should say prolapse products. I put them
22 all together.

23 Q. Now, would you agree that the erosion rates
24 that you just told us, are a little bit lower than some

1 MR. ROSENBLATT: Nate, Nate --

2 MR. JONES: Stop, Paul. No more speaking
3 objections, Paul.

4 MR. ROSENBLATT: There's a difference between
5 relying and reviewing.

6 MR. JONES: Oh, there is? Thanks for that
7 speaking objection, Paul.

8 BY MR. JONES:

9 Q. Are you changing your testimony at all today
10 related to what internal Ethicon documents you're
11 relying on to support your opinions in this litigation?

12 A. No.

13 Q. Okay. You're not changing your testimony at
14 all from last night?

15 A. Not that I'm -- no.

16 Q. Okay. Do you know when the ICD-9 code was
17 initiated?

18 A. When the ICD-9 code was initiated?

19 Q. Yes. That's the question.

20 A. Before I started my -- before I started
21 practicing medicine.

22 Q. Okay. When was the -- and has it always been
23 the same, covered the same complications?

24 A. No. The ICD-9 codes get modified from time

1 THE DEPONENT: I am familiar with what?

2 BY MR. JONES:

3 Q. Medical literature that concludes physicians,
4 like yourself, aren't familiar, don't know the success
5 rates with their patients when they use transvaginal
6 mesh.

7 A. I probably reviewed it.

8 Q. Okay. And why is it that physicians don't
9 know their success rates when it comes to their use of
10 transvaginal mesh?

11 MR. ROSENBLATT: Object to form. Lack of
12 foundation.

13 THE DEPONENT: I don't know.

14 BY MR. JONES:

15 Q. You don't know. Could it be because they
16 don't track their patients?

17 A. I mean, you can speculate that.

18 Q. You can speculate, but you don't know, as you
19 sit here today?

20 A. No.

21 Q. Okay. Are you aware that the professional
22 education department at Ethicon is within the marketing
23 division?

24 A. No.

1 professional education or literature as a substitute?

2 MR. ROSENBLATT: Object to form.

3 THE DEPONENT: That's not -- if they were
4 required to put it in IFU, then they're required to put
5 it in the IFU.

6 MR. FAES: Okay. Fair enough.

7 BY MR. FAES:

8 Q. You've talked about your systematic review of
9 your charts and that you came up with complication
10 rates for -- your personal complication rates for your
11 products. Is that correct?

12 A. I looked at a number of different ICD-9 codes
13 and ICD-10 codes. Some of the ICD-9 codes don't go as
14 far back as when I started. It's true.

15 I mean, I looked at like a survey of a couple
16 of years back and extrapolated based on the number of
17 procedures that I've done. You're absolutely right, I
18 didn't do a systematic review.

19 I mean, a systematic review rises -- I mean,
20 you know, I didn't do a systematic review, no. I don't
21 believe I said I did a systematic review.

22 Q. Fair enough.

23 Did you do this review for both the TVT
24 family of products and the Prolift?

1 A. I did the review based on the ICD-9 code for
2 mesh exposure.

3 Q. So is the answer no, you didn't do it
4 specifically to the TVT family of products. Is that
5 correct?

6 MR. ROSENBLATT: Object to form. Misstates
7 his testimony.

8 THE DEPONENT: I'm sorry. What was the
9 question?

10 MR. FAES: I'll withdraw that question and
11 ask another one.

12 BY MR. FAES:

13 Q. You said earlier, when Mr. Rosenblatt was
14 questioning you, that you believe your patient
15 follow-up is pretty high?

16 A. I believe so.

17 Q. Is that an opinion you intend to offer at
18 trial?

19 A. That I believe it's pretty high?

20 Q. Yes.

21 A. Yeah. I believe it's pretty high.

22 Q. You believe you can state that to a
23 reasonable degree of medical certainty, that your
24 follow-up rate is pretty high?

1 A. You know, greater than 50 percent follow-up
2 with me.

3 Q. My question was: Do you believe you can
4 state to a reasonable degree of medical certainty that
5 your patient follow-up is pretty high?

6 A. I believe I can.

7 Q. So what is your patient follow-up rate, and
8 how did you determine that?

9 A. I think it's greater than half, and I
10 determined it based on --

11 Q. Can you be any more specific than greater
12 than half? Do you have a percentage?

13 A. No, I don't.

14 Q. Do you know what follow-up rates are for
15 physicians in your area?

16 A. For physicians in my area, no.

17 Q. Do you know what average follow-up rates are
18 for physicians -- general physicians around the rest of
19 the country?

20 Strike that. Do you know what --

21 A. I know there's a study --

22 Q. Actually, I struck that.

23 A. -- a randomized controlled study --

24 Q. You don't need to answer that.